## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/538235

| CLAIMS AS FILED - PART I  |  |  |  |                             |                          |                           |            | SMALL ENT           | iTY                    | QB.        | OTHER               |                        |
|---|--|--|--|-----------------------------|--------------------------|---------------------------|------------|---------------------|------------------------|------------|---------------------|------------------------|
|   | · ·  |  | (Column 1  | 1)                          | (Col                     | lumn 2)                   |            | 1166                |                        | <br>       |                     |                        |
| U.S. NATIONAL STAGE FEES  |  |  |  |                             |                          |                           |            | RATE                | FEE                    |            | RATE                | FEE                    |
| BASI  | C FEE  |  | SMALL ENT. = \$ 150                                      |                             | LARGE                    | ENT. = \$ 300             |            | BASIC FEE           |                        | OR         | BASIC FEE           | 3 <b>0</b> 0           |
| EXA   | VINATION FEE                                   |  | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100      |                             |                          | situations = 0 / \$ 200   | ŀ          | EXAM. FEE           |                        |            | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |  | U.S. is ISA = \$ 50<br>ALL other count<br>\$ 200 / \$ 40 | r countries = All o         |                          | situations =<br>0/\$500   |            | SEARCH FEE          |                        |            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |  | minus 100 =  |                             | 1                        | 50 =                      |            | X \$ 125 =          |                        |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |  | minus 20 = .   |                             |                          |                           |            | X \$ 25 =           |                        | OR         | X \$ 50 =           |                        |
| INDE  | PENDENT CL                                     | MMS  | 7 minus 3 = .  |                             |                          | 4                         |            | X \$ 100 =          |                        | OR         | X \$ 200 =          | 800                    |
| MUL   | TIPLE DEPEND                                   | ENT CLAIM PRE                              | SENT   | ENT                         |                          |                           |            | + \$ 180 =          |                        | OR         | + \$ 360 =          | ·                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |  |  |                             |                          | _ ,                       | TOTAL      | ·                   | OR                     | TOTAL      | 1700<br>1830        |                        |
| 1 /   |  |  |  |                             |                          |                           |            |                     |                        |            | OTHER               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) 2, 4,56 (Column 2) (Column 3)                 |  |  |  |                             |                          |                           | SMALL E    | NTITY               | OR                     | SMALL E    |                     |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER               |  | HIGHE:<br>NUMBE<br>PREVIOU  | ST<br>IR<br>ISLY         | PRESENT<br>EXTRA          | ].         | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | - / ()                                     | Minus  | PAID FO                     | ) =                      |                           | 1          | X \$ 25 =           |                        | OR         | X \$ 50 =           | /                      |
|   | Independent                                    | • 7  | Minus  | ••• /7                      | ,                        |                           | 1          | X \$ 100 =          |                        | OR         | X \$ 200 =          | $\bigvee$              |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                             |                          |                           |            | + \$ 180 =          | ·                      | OR         | + \$ 360 =          |                        |
|   |  |  |  |                             |                          |                           |            | TOTAL ADDIT.        |                        | OR         | TOTAL ADDIT.        |                        |
|   |  |  |  |                             |                          |                           | •          |                     | •                      |            |                     | Ч                      |
|   |  | (Column 1)                                 | <del>,</del>   | (Columi                     |                          | (Column 3)                | 1          |                     |                        |            |                     | 4001                   |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | NUMBE<br>PREVIOU<br>PAID FO | ER<br>ISLY               | PRESENT<br>EXTRA          |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus  | **                          |                          |                           |            | X \$ 25 =           |                        | OR         | X \$ 50 =           |                        |
|   | Independent                                    | •  | Minus  | *** .                       | -                        |                           |            | X \$ 100 =          |                        | OR         | X \$ 200 = .        |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                             |                          | 1                         | + \$ 180 = |                     | OR                     | + \$ 360 = |                     |                        |
|   |  |  |  |                             |                          |                           |            | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
|   |  |  |  |                             |                          |                           |            | •                   |                        |            |                     | 1                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |  |  |                             |                          |                           |            |                     |                        |            |                     | .                      |
| .001  | If the "Highest Nu                             | imber Previously Pa<br>imber Previously Pa | ld For in this SPA<br>ld For in this SPA                 | ACE is less i               | than 70°,<br>than '3°, 6 | enter "20".<br>enter "3". |            |                     |                        |            |                     | ·                      |
|   | The "Highest Nur                               | mber Previously Paid                       | For" (Total or Inde                                      | pendent) la                 | the highe                | est number foun           | nd in th   | ne appropriate bo   | x in column 1          | •          | _                   | j                      |